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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent 6,267,883

Issue Date: July 31, 2001

Application Serial Number 09/450,283

Filed: November 26, 1999

Patentees: Roy J. Weaver and Robert O. Crane

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450 on 8/25/11

G. Turner Moller

Reg No 22,978

8/25/11

Date

G. Turner Moller

Signature

Petition for Reconsideration

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Decision on Petition of August 5, 2011, the undersigned hereby petitions the Commissioner of Patents for reconsideration under 37 CFR 1.378(e). Filed concurrently herewith is a Credit Card Payment Form in the amount of \$400 in payment of the fee required under 37 CFR 1.17(f).

Also submitted herewith is a Declaration of Kathryn Crane, the widow of Robert O. Crane and a party in interest.

Also submitted herewith is a Power of Attorney to G. Turner Moller, Registration 22,978 and a Declaration of G. Turner Moller.

It is accordingly submitted that all requirements have been met to accept unintentionally delayed payment of the maintenance fee due for this patent.

Respectfully submitted,


G. Turner Moller
Registration No. 22,978

GTM:pot
711 N. Carancahua, Suite 720
Corpus Christi, Texas 78401-0543
361/883-7257
August 23, 2011



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent 6,267,883

Issue Date: July 31, 2001

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G. Turner Moller
Reg. No. 22,978

8/25/11

G. Turner Moller
Signature

Power of Attorney

I, Kathryn Crane, hereby declare:

I am the widow of Robert O. Crane, one of the inventors and patentees of U.S. Patent 6,267,883 entitled WATER CONDITIONER FOR ELIMINATING SCALE. I am an heir of Robert O. Crane and am due to be appointed Administratrix of the Estate of Robert O. Crane.

I hereby appoint G. Turner Moller, Customer Number 000045662, Registration 22,978, my attorney to transact all business in the United States Patent and Trademark Office connected with the above identified patent. Make all telephone calls to G. Turner Moller at 361/883-7257. Address all correspondence to G. Turner Moller, 711 N. Carancahua, Suite 720, Corpus Christi, Texas 78401-0543.

Date 8-25-11

Kathryn Crane
Kathryn Crane



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent 6,267,883

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G. Turner Moller

Reg. No. 22,978

E/25/11
Date

G. Turner Moller
Signature

Declaration

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

I hereby depose as follows:

1. My name is Kathryn Crane. I am also known as Kathy Crane. I married Robert O. Crane on August 25, 1983 as shown on the attached copy of a Certificate of Marriage issued by the State of Maine.

2. The Robert O. Crane I married on August 25, 1983, is the same Robert O. Crane listed as one of the inventors and patentees in U.S. Patent 6,267,883.

3. Robert O. Crane died on September 30, 2010 as shown on the attached copy of a Certificate of Death issued by the Texas Department of State Health Services.

4. Robert O. Crane died intestate. An Application for Independent Administration and Letters of Administration Pursuant to Section 145(e) of the Texas Probate Code has been filed with the County Court of Law No. 5, Nueces County, Texas asking that I be appointed Administratrix of the Estate of Robert O. Crane.

5. I am a party in interest in U.S. Patent 6,267,883 because I am the widow and heir of Robert O. Crane and am due to be appointed Administratrix of the Estate of Robert O. Crane.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Respectfully submitted,


Kathryn Crane

date: 8-25-11

Certificate of Marriage

THIS IS TO CERTIFY

That on the Twenty-fifth day of August
in the year of our Lord 1983

Robert Orton Crane

and

Kathryn Elizabeth Davis

WERE BY ME UNITED IN

MARRIAGE

At Oaks Head, Maine

according to the laws of The State of Maine

By Lytle E. Eaton
Victory Bates



S. L. h. b.
Belle M. Crane

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

OCT 15 2010

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-10-123849

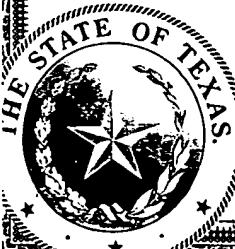
1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)				2. MIDDLE NAME (If Maiden)	3. DATE OF DEATH (Actual or Presumed)
ROBERT ORTON CRANE					09/30/2010
3. SEX	4. DATE OF BIRTH	5. AGE - Last Birthday (Years)	6. IF UNDER 1 YEAR Mo. Days	7. IF UNDER 1 DAY Hour Min	8. BIRTHPLACE (City & State or Foreign Country)
MALE	06/27/1945	65			OGDEN, UT
7. SOCIAL SECURITY NUMBER: 263-72-9421				8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
10e. RESIDENCE STREET ADDRESS 1125 BRADSHAW DR.				10b. APT. NO.	10c. CITY OR TOWN CORPUS CHRISTI
10d. COUNTY NUECES		10e. STATE TEXAS	10f. ZIP CODE 78412	10g. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. FATHER'S NAME ORTON JAMES CRANE				12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE RUTH MIRIAM NELSON	
13. PLACE OF DEATH (Check ONLY ONE) <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input type="checkbox"/> Decedent at Home <input type="checkbox"/> Other (Specify)					
14. COUNTY OF DEATH NUECES		15. CITY/TOWN/ZIP (If outside city limit, give Precinct No.) CORPUS CHRISTI, 78404		16. FACILITY NAME (If not institution, give street address) CHRISTUS SPOHN HOSPITAL SHORELINE	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED KATHY CRANE - WIFE				18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code) 1125 BRADSHAW DR., CORPUS CHRISTI, TX 78412	
19. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Embalming <input type="checkbox"/> Removal from state <input type="checkbox"/> Other (Specify)				20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MARK FUENTES BY ELECTRONIC SIGNATURE - 7729	
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other, place) SOUTH TEXAS CREMATION SERVICE				23. LOCATION (City, Town, and State) ROCKPORT, TX	
24. NAME OF FUNERAL FACILITY GUARDIAN FUNERAL HOME & CREMATION SERVICES, INC.				25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code) 5813 AYERS ST, CORPUS CHRISTI, TX 78415	
26. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Judge of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.					
27. SIGNATURE OF CERTIFIER DANIEL MURO, BY ELECTRONIC SIGNATURE				28. DATE CERTIFIED (Mo/Day/Yr) 10/14/2010	29. LICENSE NUMBER G9627
30. TIME OF DEATH (Actual or presumed) MD				31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code) DANIEL MURO 613 ELIZABETH ST, STE 702, CORPUS CHRISTI, TX 78404	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.				32. TITLE OF CERTIFIER Approximate interval Onset to death DAYS / MONTHS	
34. IMMEDIATE CAUSE (Find disease or condition resulting in death) a. PNEUMONIA Due to (or as a consequence of) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated, the events resulting in death) LAST				35. PART 2. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1. SEPSIS, HYPERTENSION, DIABETES MELLITUS.	
36. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined				37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably <input type="checkbox"/> Unknown	
38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year				39. IF TRANSPORTATION INJURY. SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (Mo/Day/Yr)				40b. TIME OF INJURY	40c. INJURY AT WORK?
40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)				<input type="checkbox"/> Yes <input type="checkbox"/> No	40e. COUNTY OF INJURY
40f. LOCATION (Street and Number, City, State, Zip Code)				41. DESCRIBE HOW INJURY OCCURRED	
42a. REGISTRAR FILE NO. 022255		42b. DATE RECEIVED BY LOCAL REGISTRAR 10/15/2010		42c. REGISTRAR REGISTRAR - CITY OF CORPUS CHRISTI, ELECTRONICALLY FILED	

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED

OCT 18 2010

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

GERALDINE R. HARRIS
STATE REGISTRAR*Geraldine R. Harris*

N 0 0 8 0 8 1 7 4

VS-112 REV 1/2006

WARNING
The penalty for knowingly making a false statement in this form can be 2-10 years in prison and
a fine up to \$10,000. (Health and Safety Code, Sec. 191.051, 1989)

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

ARU

COPY

No. _____

IN THE ESTATE OF § IN COUNTY COURT AT LAW
ROBERT ORTON CRANE, § NO. 5
DECEASED § NUECES COUNTY, TEXAS

APPLICATION FOR INDEPENDENT ADMINISTRATION
AND LETTERS OF ADMINISTRATION
PURSUANT TO SECTION 145(e) OF THE TEXAS PROBATE CODE

TO THE HONORABLE JUDGE OF SAID COURT:

Kathy Crane ("Applicant"), furnishes the following information to the Court in support of this Application for Independent Administration of the Estate of Robert Orton Crane ("Decedent"), and for issuance of Letters of Administration pursuant to Section 145(e) of the Texas Probate Code:

1. Applicant Kathy Crane is an individual interested in this Estate, being domiciled in and residing at 1125 Bradshaw Drive, Corpus Christi, Nueces County, Texas 78412. Kathy Crane is the wife of Decedent. The last three digits of the social security number of Kathy Crane are 098. The last three digits of the driver's license number of Kathy Crane are 1245.
2. Decedent died intestate on September 30, 2010, at Corpus Christi, Nueces County, Texas, at the age of 65 years. Decedent's domicile at the time of his death was Corpus Christi, Nueces County, Texas.
3. This Court has jurisdiction and venue is proper because Decedent was domiciled in Texas and had a fixed place of residence in this County on the date of his death.
4. Decedent owned property described generally as real estate, cash, personal effects and household goods of a probable value in excess of \$50,000.

5. The name, age, marital status, and address of each of Decedent's heirs, and the relationship of each heir to Decedent are as follows:

- a. Name: Kathy Crane
Age: 67
Marital Status: widow
Address: 1125 Bradshaw Drive, Corpus Christi, Texas 78412
Relationship: wife
- b. Name: Leishaan Ruth Crane
Age: 34
Marital Status: single
Address: 190 W. Hogerson, Buffalo, Wyoming 82834
Relationship: daughter
- c. Name: Aaman Robert Crane
Age: 33
Marital Status: single
Address: 46 Cheshire St., E2 6EH, London, England
Relationship: son

6. A necessity exists for the administration of the estate, specifically the Decedent died intestate and left a spouse and two surviving adult children.

7. The listing of heirs includes any living child of the decedent. Decedent was not predeceased by any child.

8. Decedent was never divorced.

9. Decedent did not leave a will. However, there exists a necessity for administration of the Estate, all of the Distributees agree on the advisability of having an independent administration and also agree that Kathy Crane should be appointed Independent Administratrix. The Distributees therefore request that no action shall be had in the county court at law in relation to the settlement of the Decedent's estate other than the return of an inventory, appraisement and list of claims of the estate. Kathy Crane is not disqualified by law from serving as such or from accepting Letters of Administration, and would be entitled to such letters.

10. Kathy Crane, Leishaan Ruth Crane and Aaman Robert Crane are the distributees of the Estate and are the only persons required to receive notice under Section 145(f) of the Texas Probate Code. Kathy Crane, Leishaan Ruth Crane and Aaman Robert Crane will each file a Distributee's Consent to Application for Independent Administration and Waiver of Notice. An independent administration of the Decedent's estate pursuant to Section 145(e) of the Texas Probate Code is advisable and in the best interests of the Decedent's estate and of the heirs and distributees of the Decedent's estate.

11. Pursuant to Section 145(p) of the Texas Probate Code, Applicant requests that the requirement for bond be waived.

WHEREFORE, Applicant prays that citation with respect to this Application for Independent Administration and Letters of Administration pursuant to Section 145(e) of the Texas Probate Code be issued and served as required by law to all persons interested in this Estate; that it be adjudged to be advisable and in the best interests of the Decedent's estate for Kathy Crane to be appointed to serve as Administratrix under the provisions of Section 145(e) of the Texas Probate Code; that Letters of Administration be issued to Kathy Crane; that bond be waived; and that no action be had in this court in relation to the settlement of such estate other than the return of an inventory, appraisement, and list of claims of such estate; and that all other Orders be entered as the Court may deem proper.

Respectfully submitted,



Keith M. Gould
Attorney for Kathy Crane
State Bar No.: 00795885

5959 South Staples Ste. 228
Corpus Christi, Texas 78413
Telephone: (361) 994-9800
Facsimile: (361) 994-9801



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent 6,267,883

Issue Date: July 31, 2001

Application Serial Number 09/450,283

Filed: November 26, 1999

Patentees: Roy J. Weaver and Robert O. Crane

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8/25/11

Date

G. Turner Moller

Reg. No. 22,978

G. Turner Moller

Signature

Declaration

Commissioner for Patents
P. O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

The undersigned, G. Turner Moller, states as follows:

1. I am registered to practice before the United States Patent Office; my registration number is 22,978. At one time, I had a Power of Attorney from Roy Weaver relating to this patent and the application upon which it was based. When Roy Weaver died, that Power of Attorney also expired.

2. My secretary is responsible for prompting me to send reminder letters regarding maintenance fees to clients who have obtained patents. On November 19, 2008, I mailed a letter to the Estate of Roy Weaver at P.O. Box 4322, Corpus Christi, Texas 78469

because I was aware that Mr. Weaver had died. This letter was returned by the U.S. Postal Service with the notation:

Return to sender
attempted - not known
unable to forward.

A copy of this letter and a copy of the returned envelope is attached.

3. After receiving the returned envelope, the undersigned found another address for what he thought was a business that Mr. Weaver had operated, i.e. Weaver Brothers Enterprises, Inc. and mailed the same letter to Weaver Brothers Enterprises, Inc. at 3078 FM 7663, Corpus Christi, Texas 78415. This letter was also returned by the U.S. Postal Service with the following notation:

Return to sender
attempted - not known
unable to forward.

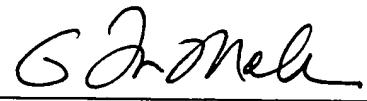
A copy of the returned envelope is attached.

4. In some manner, I found a telephone number - 887-2164 - for someone who I thought was involved with Roy Weaver and tried calling it on January 29, 2009 but no one answered.

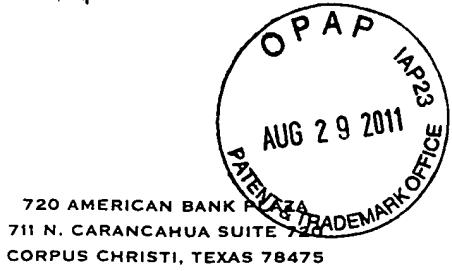
5. The failure to pay the maintenance fee due on July 31, 2011 was unintentional because I was unable to reach Roy Weaver or Robert Crane at the addresses I had for them.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Date: 8/23/11



G. Turner Moller



720 AMERICAN BANK PLAZA
711 N. CARANCAHUA SUITE 720
CORPUS CHRISTI, TEXAS 78475

TURNER MOLLER, JR.
PATENT ATTORNEY

November 19, 2008

TELEPHONE
361/883-7257
FAX
361/265-0770
E-Mail: tmoller@stx.rr.com

Estate of Roy Weaver
P.O. Box 4322
Corpus Christi, Texas 78469

Re: U. S. Patent 6,267,883 - WATER CONDITIONER

Dear Sir:

This patent issued July 31, 2001. Maintenance fees must be paid, at different times, on patents issued on applications filed after December 12, 1980.

These maintenance fees are due 3 1/2, 7 1/2 and 11 1/2 years from the date the patent issued. Failure to pay any of these fees will result in the patent lapsing six months after the due date. Since this patent issued on July 31, 2001, the 7 1/2 year maintenance fee is due on January 31, 2009. Maintenance fees are now as follows:

7 1/2 years	\$1240.00	January 31, 2009
11 1/2 years	\$2055.00	January 31, 2013.

The 7 1/2 year maintenance fee including my charges for keeping track of the due date, reminding you, preparing and filing the necessary documents with the Patent Office is \$1440. If you want me to pay this to keep your patent from lapsing, I need your check for \$1440 well before the due date. If you do not want me to pay this fee, please sign the second page of this letter and return it to me. If I do not hear from you, however, I will take no action.

If you do not pay the fee due January 31, 2009, you can revive the patent, until July 31, 2009, by paying an additional \$65 fee. If you do not pay this fee by July 31, 2009, the patent will lapse and there is very little we can do to revive it. If you have any questions, please call.

Sincerely,



Turner Moller

GTM:pot

Estate of Roy Weaver

-2-

November 19, 2008

=====

DO NOT PAY THE MAINTENANCE FEE.

Estate of Roy Weaver

By: _____

Date: _____

=====

PROCEED WITH PAYING THE MAINTENANCE FEE. ATTACHED IS MY CHECK FOR \$1440.00.

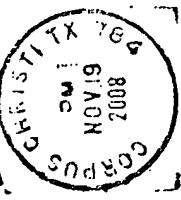
WE ARE PAYING FEES ON THE ASSUMPTION THAT YOU ARE A SMALL ENTITY - MEANING THAT YOU, OR ANYONE YOU HAVE LICENSED THE INVENTION TO, HAVE LESS THAN 500 EMPLOYEES. IF THIS IS NOT CORRECT, PLEASE CALL ME.

Estate of Roy Weaver

By: _____

Date: _____

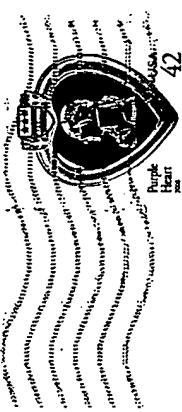
TURNER MOLLER, JR.
PATENT ATTORNEY
711 N. CARANCAHUA, SUITE 720
CORPUS CHRISTI, TEXAS 78475



Estate of Roy Weaver
P.O. Box 4322
Corporation

NIXIE 782 SE 1 01 01/06/09
RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD
BC: 78475006595 *2093-08763-06-24
78475006595

TURNER MOLLER, JR.
PATENT ATTORNEY
711 N. CARANCAHUA, SUITE 720
CORPUS CHRISTI, TEXAS 78475



CORPUS CHRISTI
TX 78414 2009 P.M.
NIXIE 782 DC 1 00 01/27/09
RETURN TO SENDER
NO MAIL RECEIVED
UNABLE TO FORWARD
BC: 78475006595 *0468-02339-06-35
78475006595